

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF WEST VIRGINIA

Ernest Lee Loring 3529245
~~3529245~~

(Enter above the full name of the plaintiff
or plaintiffs in this action).

(Inmate Reg. # of each Plaintiff)

VERSUS

CIVIL ACTION NO. 2:23-cv-00775
(Number to be assigned by Court)

SCRJ Medical and Jail

(Enter above the full name of the defendant
or defendants in this action)

COMPLAINT

I. Previous Lawsuits

- A. Have you begun other lawsuits in state or federal court dealing with the same facts involved in this action or otherwise relating to your imprisonment?

Yes _____

No X

- B. If your answer to A is yes, describe each lawsuit in the space below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same outline).

1. Parties to this previous lawsuit:

Plaintiffs:

Defendants:

2. Court (if federal court, name the district; if state court, name the county);

-
3. Docket Number: _____

4. Name of judge to whom case was assigned:

5. Disposition (for example: Was the case dismissed? Was it appealed? Is it still pending?)

-
6. Approximate date of filing lawsuit: _____

7. Approximate date of disposition: _____

II. Place of Present Confinement: SCRJ

A. Is there a prisoner grievance procedure in this institution?

Yes X No _____

B. Did you present the facts relating to your complaint in the state prisoner grievance procedure?

Yes X No _____

C. If you answer is YES:

1. What steps did you take?

I filled several Request on paper and Tablet and then through Log

2. What was the result?

I have been denied the medication I was on still

D. If your answer is NO, explain why not: _____

III. Parties

(In item A below, place your name and inmate registration number in the first blank and place your present address in the second blank. Do the same for additional plaintiffs, if any.)

A. Name of Plaintiff: Ernest Lee Lovejoy

Address: 1449 Rose Oak Dr. Saint Albans W.V. 25177

B. Additional Plaintiff(s) and Address(es): N/A

(In item C below, place the full name of the defendant in the first blank, his/her official position in the second blank, and his/her place of employment in the third blank. Use item D for the names, positions, and places of employment of any additional defendants.)

C. Defendant: SCRJ Medical
 is employed as: _____
 at _____

D. Additional defendants: SCRJ COs

IV. Statement of Claim

State here as briefly as possible the facts of your case. Describe how each defendant is involved. Include also the names of other persons involved, dates and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I was on the sabutax program and due to it not alleviating my symptoms of addiction like I thought it could I ask for it to be raised. I ask requested and filed grievances on these. In Return I was ask to give not one but two drug test with in less 24 hours of each other and never got any attio tion to see doct when she did finally she said I shouldn't have any addiction⁴ symptoms that I should be done. I told her she did evidently know what she was talking about that I

IV. Statement of Claim (continued):

I would always be an addict. Right after this CO Ellis who we see flirting with medical staff all the time makes a report that I was caught holding with no proof. Never was I caught with anything matter of fact a min or two after receiving meds he accused me of taking. Sgt came round and checked my room with a dog. Since then they have taunted me and tried to draw me out. (back)

V. Relief

State briefly exactly what you want the court to do for you. Make no legal arguments.
Cite no cases or statutes.

I want them held accountable like I am by being incarcerated. I don't want them to judge and execute with no proof or reason other than they don't agree with me or because of some personal dis like of me.

The nursing staff, doctors, @ CO
Ellis himself. I wrote a grievance
on all this. When answered basically
I said that they took me off
the program because I ask for
help for my addiction. I have went
through worse DT than I ~~ever~~ had
before. The help they gave was min. and
had to keep asking wch they have done
nothing. The doctor finally came seen
me instead of giving the answer he gave on
grievance he said he didnt care I was
off 't if there was an actition that was
enough to leave me packing on the floor
and sitting awful for week when there
was no proof of me doing any thing.
I feel I was punished becase I was
asking for help. This is not right!


11-14-23

V. Relief (continued)):

VII. Counsel

- A. If someone other than a lawyer is assisting you in preparing this case, state the person's name:

- B. Have you made any effort to contact a private lawyer to determine if he or she would represent you in this civil action?

Yes _____

No X

If so, state the name(s) and address(es) of each lawyer contacted:

If not, state your reasons:

I have no money to
hire a lawyer

- C. Have you previously had a lawyer representing you in a civil action in this court?

Yes _____

No X

If so, state the lawyer's name and address:

Signed this 14 day of Feb, 2023.



Signature of Plaintiff or Plaintiffs

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 11-14-23
(Date)



Signature of Movant/Plaintiff

Signature of Attorney
(if any)